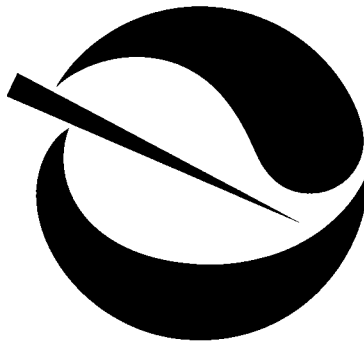


**California Environmental Protection Agency  
Department of Toxic Substances Control**



**Registered Environmental Assessor I  
(REA I)**

**Five-Year Renewal Application**

**Registered Environmental Assessor Program**

P.O. Box 806  
Sacramento, CA 95812-0806  
(916) 324-6881

[www.dtsc.ca.gov/rea/](http://www.dtsc.ca.gov/rea/)

**REGISTERED ENVIRONMENTAL ASSESSOR I (REA I)****FIVE-YEAR RENEWAL APPLICATION INSTRUCTIONS**

Provide complete responses for each item on the application. Failing to do so may significantly delay the processing of your application. **The environmental assessing experience that you describe must clearly relate to the management of hazardous substances and/or hazardous waste.** It is strongly suggested that the application be typed; if it is not typed, it must be neatly printed in ink. Applications that are not legible will be returned.

**APPLICATION PACKAGE CONTENTS**

REA I Five-Year Renewal Application Form, which includes:

1. Application
2. Authorization for Payment by Credit Card
3. Information Collection, Access and Disclosure/Privacy Statement

To assure efficient processing of your Registered Environmental Assessor I (REA I) application, please confirm that the following items have been completed and/or enclosed. Do not send your application unless all items are enclosed.

- \$50 non-refundable application processing fee -- check or money order -- payable to DTSC/REA I, or completed Authorization For Payment by Credit Card.
- Completed application form and any supporting documentation.
- If you are not a United States citizen, enclose a copy of your resident alien card.
- Please mail the completed payment authorization form with your completed application to:

Department of Toxic Substances Control  
Accounting Unit - Attention Karen Poon  
P.O. Box 806  
Sacramento, California 95812-0806

**If you are missing any items, please contact the REA Program at (916) 324-6881.**

## REA I Five-Year Renewal Requirements

- Five years of full-time employment, acquired within the last eight years, in the applicant's general field of expertise.
- Two years of substantial experience, acquired within the last four years, performing environmental assessments relating to hazardous substances and/or hazardous waste management.
- A bachelor's or higher degree from an accredited college or university in a physical or biological science, engineering or law, **Or** five years of substantial experience, acquired within the last eight years, performing environmental assessments relating to hazardous substances and/or hazardous waste management.

**REGISTERED ENVIRONMENTAL ASSESSOR I (REA I)  
FIVE-YEAR RENEWAL APPLICATION FORM**

Information on this form must be typed or neatly printed in ink. "See attached" and resumes are not acceptable in lieu of completing this form. Attach a \$50 nonrefundable application review fee (check, money order, or credit card authorization) payable to DTSC/REA I.

REGISTRATION NUMBER: REA - \_\_\_\_\_

**SECTION 1**

(Select one) Mr. Mrs. Ms. Dr. \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

**MAILING ADDRESS:**

DTSC will use the address provided below for all correspondence, and will list this address on the REA website.

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

ext. \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Email address is for REA Program use only. It will not be listed in the REA registry, nor will it be released to other parties.

Social Security Number: \_\_\_\_\_

Refer to the attached Information Collection, Access and Disclosure/Privacy Statement. Disclosure of your social security number is mandatory. Your social security number will be used exclusively for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code and compliance with 8 U.S.C. sections 1621, 1641, and 1642.

United States Citizen: (If no, please provide copy of resident alien card) Yes No

**SECTION 2 - CRIMINAL RECORD**

In the past five years have you:

(i)	Been disbarred, suspended, reprimanded, censured, disqualified or otherwise disciplined as a member of any profession or holder of any public office?	Yes	No
(ii)	Voluntarily surrendered a professional license or certification, or had one denied, revoked or suspended?	Yes	No
(iii)	Been subject to professional disciplinary proceedings?	Yes	No
(iv)	Been convicted of a crime, including a felony or misdemeanor involving an act of moral turpitude? (Conviction of a crime includes a plea or verdict of guilty or a conviction following a plea of nolo contendere.)	Yes	No
(v)	Knowingly made a false statement regarding a material fact in connection with an application for registration?	Yes	No
(vi)	Had a civil judgment against you for professional errors, negligence, incompetence or professional malpractice in the conduct of your business?	Yes	No
(vii)	Had a civil judgment against you for an action involving fraud, deceit, misrepresentation or forgery?	Yes	No

**If you answer yes to any question, explain the circumstances, in detail, on a separate sheet and include date, location, plea, penalties, and current status.**

**SECTION 3 – BUSINESS BACKGROUND**

Are you an independent environmental consultant or employed by a business which is primarily engaged in providing consulting services to businesses and individuals?	Yes	No
Are you the owner, part owner or sales representative of a business that manufactures or distributes hazardous substances or hazardous waste management technology?	Yes	No

**SECTION 4 - EMPLOYMENT HISTORY**

Begin with your most recent employment. List each **full-time** position you have held **within the last five years** that relates to your general field of expertise (attach additional sheets if necessary). In Section 5 you will describe what work you performed and how that qualifies you for REA registration.

Employer Name	Position		
Supervisor Name/Title	Telephone No.		
		( )	ext.
Employer Mailing Address (Number, Street, City, State, and Zip Code)			
(Month/Year)			
From ____/____/____ To ____/____/____	Total Months of Qualifying Experience: _____		
Employer Name	Position		
Supervisor Name/Title	Telephone No.		
		( )	ext.
Employer Mailing Address (Number, Street, City, State, and Zip Code)			
(Month/Year)			
From ____/____/____ To ____/____/____	Total Months of Qualifying Experience: _____		

Describe your specific environmental assessing experience. To renew your registration, you must have at least two years of substantial experience performing environmental assessments relating to hazardous substances and/or hazardous waste management acquired within the last four years. **Be specific as to the hazardous substances or waste involved.** Include dates (month/year) for the experience described (attach additional sheets if necessary). **Note: This section requires only an overview; in Section 6 you will describe specific projects.**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Months of Qualifying Experience: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SECTION 6 - AREAS OF EXPERTISE**

Describe your specific areas of expertise. Check each area of expertise that applies to you and describe one particular project in which you were involved **for each item checked**. Emphasize your experience with hazardous substances and/or hazardous wastes. **Be specific about the types of hazardous substances and/or hazardous wastes involved**. Include dates (month/year) for the experience described. NOTE: The experience you describe below must have been acquired within **the last four years**.

Please check the subitems for all areas of expertise that apply.

- 00 Environmental Site Assessment
- 01 Air Emissions Assessment, Prevention, Monitoring and Control
- 03 Emergency Preparedness and Response
- 12 Surface and Groundwater Contamination Assessment, Prevention, Monitoring and Control
- 15 Generator Waste Disposal, Recycling, Reduction, Storage, and Treatment
- 21 Occupational Health and Safety Reviews
- 23 Risk Assessment and Risk Reduction Recommendations
- 25 Soil Contamination Assessment, Prevention, Monitoring and Control
- 27 Underground Tank Checks and Removal
- 29 Other Areas of Expertise relating to Hazardous Substances and/or Hazardous Waste Management

**Provide one description for each subitem checked. (Additional space is available on the next page.)**

(Month/Year)

**Subitem** \_\_\_\_\_ **From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Project Name:** \_\_\_\_\_

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

**Subitem** \_\_\_\_\_ **From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Project Name:** \_\_\_\_\_

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

**Subitem** \_\_\_\_\_ **From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Project Name:** \_\_\_\_\_

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

Subitem \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Project Name: \_\_\_\_\_

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

(Month/Year)

Subitem \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Project Name: \_\_\_\_\_

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

(Month/Year)

Subitem \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Project Name: \_\_\_\_\_

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

(Month/Year)

Subitem \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Project Name: \_\_\_\_\_

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:



(Month/Year)

**Subitem** \_\_\_\_\_ From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Project Name:** \_\_\_\_\_

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

**Subitem** \_\_\_\_\_ From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Project Name:** \_\_\_\_\_

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

**Subitem** \_\_\_\_\_ From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Project Name:** \_\_\_\_\_

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

**Subitem** \_\_\_\_\_ From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Project Name:** \_\_\_\_\_

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

**SECTION 7 - REFERENCES**

Provide the names of three professional references. For each reference, list his or her full name, place of employment, address and telephone number. Failure to provide current telephone numbers at which your references can be reached may delay the processing of your application. References must be your current or past employers, supervisors, clients, or professional colleagues at an equal or higher level, and must be able to attest to your technical competency, professional integrity/ethics and knowledge of environmental regulations.

Name

Company

Address

City

State

Zip Code

Telephone No. (     )

ext.

Email Address

Name

Company

Address

City

State

Zip Code

Telephone No. (     )

ext.

Email Address

Name

Company

Address

City

State

Zip Code

Telephone No. (     )

ext.

Email Address

**SECTION 8 - ACKNOWLEDGMENT** (All applicants must sign below)

Any person willfully providing false information may have his or her application denied. The applicant hereby certifies that he/she has read and understands the foregoing statement and that all information provided herein is accurate and truthful.

I declare under the penalty of perjury under the laws of the State of California that the information contained in this application, as well as any other documents submitted in support of this application, is true and correct.

Applicant's Signature

Date Executed

Applicant's Printed Name





Executed in the County of



California Environmental Protection Agency  
Department of Toxic Substances Control

**AUTHORIZATION FOR PAYMENT BY CREDIT CARD**

**Payment for REA I Renewal Application Processing Fee\***

<b>Name</b> (First) (M.I.) (Last)	<b>CHECK APPROPRIATE BOX:</b>  VISA  Master Card  American Express  Discover 3-digit Discover ID no.: _____ Required for Discover charges (Located on the back of Discover credit card)
<b>Mailing Address</b> (Number, Street, and Apt./Suite)	Card No.: _____ Expiration Date: ____/____ \$_____ Amount authorized
(City) (State) (ZIP Code)	<b>Printed Cardholder Name</b> (First) (M.I.) (Last)
Telephone No.: ( ) ext.	<b>**Cardholder Signature</b> <b>Date</b>

**\*NO REFUNDS WILL BE ISSUED FOR THE \$50 APPLICATION REVIEW FEE**

**\*\*No credit card payments may be authorized unless the cardholder's signature is present and has been dated.**

**Please mail the completed payment authorization form with your completed application to:**

**Department of Toxic Substances Control  
Accounting Unit - Attention Karen Poon  
P.O. Box 806  
Sacramento, California 95812-0806**

## INFORMATION COLLECTION, ACCESS AND DISCLOSURE STATEMENT

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

**Agency Name:**

Department of Toxic Substances Control (DTSC)  
Registered Environmental Assessor (REA) Program

**Title Of Official Responsible For Information Maintenance:**

Branch Chief  
Registered Environmental Assessor Program

**Address:**

P.O. Box 806, Sacramento, California 95812-0806

**Telephone Number:**

(916) 324-6881

**Authority That Authorizes The Maintenance Of The Information:**

Health and Safety Code section 25570.3, chapter 6.8, division 3.

**The Consequences Of Not Providing All Or Any Part Of The Requested Information:**

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

**The Principal Purpose(s) For Which The Information Is To Be Used:**

The information requested will be used to determine qualifications for registration, licensure, or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

**Any Known Or Foreseeable Disclosures That May Be Made Of The Information:**

Your completed application becomes the property of the agency and will be used by authorized personnel to determine your eligibility for registration. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

**Social Security Number Disclosure**

Disclosure of your social security is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Individuals have the right to review their own files or records maintained by the agency, unless the records are exempt under Section 1798.40 of the Information Practices Act. You may gain access to the information by contacting the REA Program at the above address.